

THE WHOLESALER[®]

Insertion Order

Order Date: _____

Agency Name: _____

Contact Name: _____

Billing Address: _____

Contact Name Phone: _____

Contact Name Email: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Advertising Company: _____

Contact Name: _____

Contact Name Phone: _____

Address: _____

Contact Name Email: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Issue Month: _____

Ad Size: _____

Materials: _____ **New:** _____ **Pick Up:** _____ **Month:** _____ **Year:** _____

Ad Headline: _____

Gross Rate: _____

Net Rate: _____

Send leads to: _____ **Name:** _____ **Email:** _____

TMB Rep Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

1. Fax completed insertion order to your sales rep at **847/564-1264**.
2. Insertion orders should be received by the 15th of the month prior to each issue.
Call **847/564-1127** or your sales rep with any questions.

1838 Techny Court, Northbrook, IL 60062